

PLAINTIFF/PETITIONER/MOVANT'S NAME

Charles Clark

PRISON NUMBER

F-74636

PLACE OF CONFINEMENT

California Correctional Center

ADDRESS

P.O Box 2500 Susanville, California 96127

FILED  
JUN - 2 2008  
CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY DEPUTY

United States District Court  
Southern District of California

2254 1983  
FILING FEE PAID  
Yes  No   
MOTION FILED  
Yes  No   
COPIES SENT TO  
Court  Pro Se

'08 CV 0989 W RBB

Civil No. \_\_\_\_\_

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER  
PENALTY OF PERJURY IN SUPPORT  
OF MOTION TO PROCEED IN FORMA  
PAUPERIS

I, Charles Clark

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?  Yes  No

Do you receive any payment from the institution?  Yes  No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed?  Yes  No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

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b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Albertson's Date Palm Road, Cathedral City California  
\$900 per hour x 25-30 hrs weekly from June of 2006  
to September of 2006

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Rent payments, royalties interest or dividends	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Disability or workers compensation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Social Security, disability or other welfare	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Gifts or inheritances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Spousal or child support	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Any other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

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4. Do you have any checking account(s)?  Yes  No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts?  Yes  No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

6. Do you own an automobile or other motor vehicle?  Yes  No

a. Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

b. Is it financed?  Yes  No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

 Yes  No

If "Yes" describe the property and state its value.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. **NONE**

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

**\$1233.00 — Court fees and Restitution for State of California Superior Court**10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): **NONE**11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.**I am incarcerated, state takes care of me.**

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

**Charles Clark**

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
 (Incarcerated applicants only)  
 (To be completed by the institution of incarceration)

I certify that the applicant Charles T. Clark  
 (NAME OF INMATE)

F-74636  
 (INMATE'S CDC NUMBER)

has the sum of \$ 5 on account to his/her credit at California  
Correctional Center  
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A  
 to his/her credit according to the records of the aforementioned institution. I further certify that during  
 the past six months the applicant's *average monthly balance* was \$ 61¢  
 and the *average monthly deposits* to the applicant's account was \$ 5

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT  
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD  
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

5/27/08

DATE

Chase  
 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Charlene J. Bingo  
 OFFICER'S FULL NAME (PRINTED)

Accounting Technician  
 OFFICER'S TITLE/RANK

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 CALIFORNIA CORRECTIONAL CENTER  
 INNATE TRUST ACCOUNTING SYSTEM  
 INNATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 27, 2007 THRU MAY 27, 2008

ACCOUNT NUMBER : F74636 BED/CELL NUMBER: AU85000000018U

ACCOUNT NAME : CLARK, CHARLES TATE ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	11/27/2007		BEGINNING BALANCE					3.67
	12/04	W512	LEGAL POSTAGE 2119	LGLMA		1.31		2.36
	12/27	W512	LEGAL POSTAGE 2492	LGLMA		2.36		0.00

CURRENT HOLDS IN EFFECT

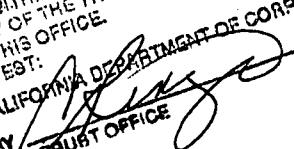
DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
05/08/2008	H109	LEGAL POSTAGE HOLD	4547 LGLMA	0.41
05/16/2008	H109	LEGAL POSTAGE HOLD	4692 LGLMA	0.41
05/16/2008	H109	LEGAL POSTAGE HOLD	4692 LGLMA	0.41

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
3.67	0.00	3.67	0.00	1.23	0.00

CURRENT  
AVAILABLE  
BALANCE

1.23-

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST:  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY   
TRUST OFFICE

